

3742

03730

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 194

I. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN GlenelgLENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Howard

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN GlenelgSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)

(First) CHRISTINE (Middle) CAROL (Last) BROWN

CHARLES JAMES CARRIL

4. DATE
OF
DEATH (Month) (Day) (Year)

4-7-55

19

5. SEX:
Female6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Single8. DATE OF BIRTH:
12-8-54

9. AGE last birthday:

10. IF UNDER 1 YEAR
yrs. Months Days Hours Min.11. BIRTHPLACE (State or foreign country):
Fort Meade Hos.12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME:

Morris Bladen Brown

14. MOTHER'S MAIDEN NAME:

Dollie Virginia Riely

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Mrs. Dollie Brown, Glenelg, Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

598. d
Immediate cause(a) OTITIS MEDIA -BILATERAL
and INTERSTITIAL PNEUMONIAINTERVAL BETWEEN
ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating underlying cause last(b)
(c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)21e. INJURY OCCURRED
While at Not while
M. work at work

21c. (City or town) (County)

(State)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
4/7/5523. BURIAL, CREMATION,
REMOVAL (Specify):
BURIALDATE REC'D BY LOCAL
REG. 4-11-55DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
4-11-55 LINTHICUM CHAPEL CLARKSVILLE, Md.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
Marie A. Whitaker F. HIGGINBOTHAM, ELLICOTT CITY

20V4162415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEDERAL BUREAU OF INVESTIGATION

APR 14 1955

FEDERAL BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05668

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY <u>Howard</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Carroll</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Lisbon</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Mount Airy</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place) <u>2 months</u>	
3. NAME OF DECEASED (Type or Print)		(First) <u>Ella</u> (Middle) <u>Virginia</u> (Last) <u>Clary</u>	4. DATE OF DEATH <u>April</u> <u>30</u> <u>1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-17-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Teacher - piano</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	9. AGE last birthday 75 yrs.
13. FATHER'S NAME <u>Weedon Clary</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>-</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
17. INFORMANT AND ADDRESS <u>Monroe Clary, Lisbon</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Vensant</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

171X Immediate cause

(a) Massive Hemorrhage

3 hours

Antecedent cause(s)

(b) Carcinoma of Cervix with metastases

About

1 year

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

Jan. 6 & 20, 1955 / Carcinoma of Cervix - metastases pelvis + Abdomen

20. AUTOPSY?

Yes No 21. ACCIDENT
(Specify)
SUICIDE
HOMICIDEPLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURYINJURY OCCURRED
White at Not White
m. Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1954, to April 1955, that I last saw the deceasedalive on April 1, 1955, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W.B. CulwellM.D.Mount Airy, Md.April 30, 195523. BURIAL, CREMATION
REMOVAL (Specify)DATE
5-3-1955NAME OF CEMETERY OR CREMATORIUM
ProspectLOCATION (City, town, or county)
Frederick Co.(State)
Md.DATE REC'D BY LOCAL
REGREG
5-2-1955REG
REGISTRAR'S SIGNATURE
C. Pearl Morris

24. FUNERAL DIRECTOR

REG
REG
ADDRESS
R.M. Waltz, Winfield, Md.

BUREAU U. S.

JUL 1 1968

RECEIVED

MARYLAND

03732

STATE DEPARTMENT OF HEALTH

3743

CERTIFICATE OF DEATH

Reg. Dist. No. 19-1

1. PLACE OF DEATH COUNTY <u>HOWARD</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>HOWARD</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>WOODSTOCK</u>		TOWN <u>WOODSTOCK</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GROOMES LANE.</u>		STREET ADDRESS <u>GROOMES LANE</u>	
3. NAME OF DECEASED (Type or Print) <u>NONA ELIZABETH</u>		4. DATE OF DEATH <u>APR. 26</u> 1955	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-16-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		9. AGE last birthday 72 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>LAWRENCE MD.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>GEORGE BAER</u>		14. MOTHER'S MAIDEN NAME <u>ANK -</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT AND ADDRESS <u>FRANK CRUM WOODSTOCK, MD.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>4-43X</u>		18. MEDICAL CERTIFICATION <u>LEFT CARDIAC FAILURE (PULMONARY EDEMA)</u>	INTERVAL BETWEEN ONSET AND DEATH <u>12 Hrs</u>
Immediate cause <u>Antecedent cause(s)</u>		<u>CEREBRO VASCULAR ACCIDENT</u>	<u>2 Mo.</u>
(260X) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		<u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>	<u>YRS.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>DIABETIS MELLITUS</u>	<u>14 Yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <u>Dec. 15, 1954</u> , to <u>Apr. 26, 1955</u> , that I last saw the deceased alive on <u>Apr. 26, 1955</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.					
SIGNATURE <u>A. Houck Jr.</u>	(Degree or title) <u>MD.</u>	ADDRESS <u>RANDALLSTOWN</u>	DATE SIGNED <u>MD.</u>		

23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE <u>4-26-55</u>	NAME OF CEMETERY OR CREMATORIAL <u>MT. OLIVET</u>	LOCATION (City, town, or county) <u>FREDERICK</u>	(State) <u>MD.</u>
DATE REC'D BY LOCAL REG. <u>April 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Alice M. Heble,</u>	24. FUNERAL DIRECTOR <u>John H. Wright - Hyattsville, Md.</u>		

RECEIVED
BUREAU V. S.

MAY 3 1967

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03732
195

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Howard MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR give nearest town) (in this place)
 TOWN New Savage yrs.
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS Mission Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Howard
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN New Savage

STREET
 ADDRESS Mission Rd., Jessup (P.O.)
 (If rural, give location)

3. NAME OF
 DECEASED:

(First) William (Middle) Edward (Last) Stanley

(Type or Print)

4. DATE
 OF
 DEATH:

(Month) April (Day) 8 (Year) 1955

5. SEX:

6. COLOR OR
 RACE: White

7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify) MARRIED

8. DATE OF BIRTH:

Jan 15-1867

9. AGE last birthday: IF UNDER 1 YEAR
 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of
 work done during most of working life
 (even if retired): Retired Merchant10b. KIND OF BUSINESS OR
 INDUSTRY: General Store11. BIRTHPLACE (State or foreign country): Lancaster, Pa.12. CITIZEN OF WHAT
 COUNTRY?: U.S.A.

13. FATHER'S NAME:

Rowden Keam

14. MOTHER'S MAIDEN NAME:

Jessie Anna Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
 (Yes, no, or unk.) (If Yes, give war or dates of
 service) No16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS:

John Edward Keam, Jr.

Interval Between
 Onset And Death

24 hrs.

5 yrs.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2
 Immediate cause

(a) DUE TO

Ac. Congestive Cardiac Failure

(b) DUE TO

Chr. Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
 related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.	At Work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from Jan 1949, to April 8th 1955, that I last saw the deceased
 alive on April 8, 1955, and that death occurred at 9 30 AM, from the causes and on the date stated above.
 SIGNATURE Frank Shiley, M.D. ADDRESS Savage, Md. DATE SIGNED 4/9/55

23. BURIAL, Cremation, Removal (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or County)	(State)
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
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4/9/55	<u>Frank Shiley</u>	<u>Bethesda Hospital Laurel Md.</u>	
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BUREAU V. S.

APR 13 1955

RECEIVED

3745

CERTIFICATE OF DEATH

Reg. Dist. No. 171...

1. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Ellicott City

LENGTH OF STAY
(in this place)

5 MOS

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN Baltimore, Md.

03X-2

STREET
ADDRESS

(If rural give location)

Windsor Mill Road

3. NAME OF
DECEASED:
(Type or Print)

(First) Ferdinand C.

(Middle) Eitemiller Sr.

(Last)

4. DATE (Month)
OF
DEATH: April 24
(Day) 19 55
(Year)

5. SEX:

Male

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

Married

8. DATE OF BIRTH:

February 28, 1886

9. AGE last birthday

69

yrs.

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired)10B. KIND OF BUSINESS
OR INDUSTRY:

Retired farmer farming

11. BIRTHPLACE (State or foreign country):

Woodlawn, Balto., Co. Md

12. CITIZEN OF WHAT
COUNTRY?

U.S.

13. FATHER'S NAME:

Ferdinand C. Eitemiller

14. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

15. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME:

Wilhelmina Schroader

17. INFORMANT & ADDRESS:

Carrie C. Eitemiller

Windsor Mill Road, Baltimore, Md.

INTERVAL BETWEEN
ONSET AND DEATH

18. MEDICAL CERTIFICATION

332X

IMMEDIATE CAUSE

(A) Bronchial pneumonia

2 weeks

ANTECEDENT CAUSE (S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B) Cerebral Thrombosis

4 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Cerebral arteriosclerosis

5 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

OF INJURY

While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1955 to April 24, 1955 that I last saw the deceased

alive on April 24, 1955 and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE

DATE SIGNED

M. D. Taylor Manor Hospital April 24, 1955
(State)23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

Burial April 27, 55

Mt Olive

Woodlawn, Md.

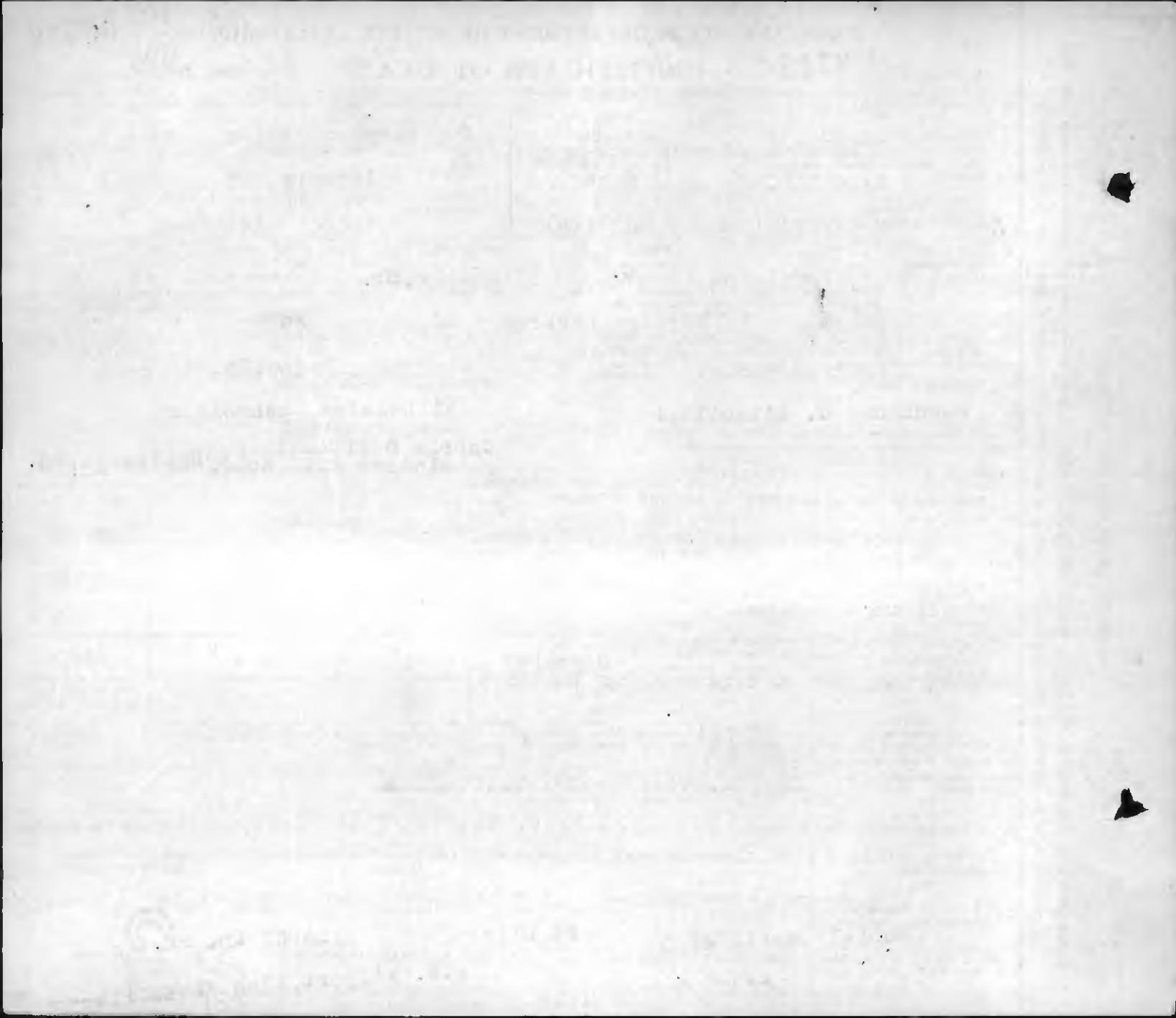
DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

F. B. Wippert, 1300 Gutaw Place



Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILDAU A. 2

APR

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3747

13736

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH COUNTY <u>Howard</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u>		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>ELRIDGE</u>		<u>1 Month</u>		OR TOWN <u>BALTIMORE</u>		<u>3401-4</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<u>LAWYERS HILL Rd.</u>		STREET ADDRESS <u>32 N. BERNICE AVE.</u>		(If rural, give location) ✓	
3. NAME OF DECEASED (Type or Print)		(First) <u>MARGARET</u>	(Middle) <u>MATILDA</u>	(Last) <u>GERNHART</u>	4. DATE OF DEATH <u>4 23</u>		(Year) <u>1955</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>12/29/86</u>	9. AGE last birthday <u>58 yrs.</u>	If under 1 year Months	If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Clifton Ziegler</u>		14. MOTHER'S Maiden NAME <u>MARGARET WEEDON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. HELEN Laynor</u>		18. MEDICAL CERTIFICATION <u>Generalized Cachexomatous CA R Breast.</u>		19. DATE OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-------------------------------------	-----------	---	----------------	----------	---------

TIME (Month) (Day) (Year) (Hour)
OF
INJURY m. INJURY OCCURRED
While at Work Not While At work HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1955, to 4/23, 1955, that I last saw the deceased

alive on 4/23, 1955, and that death occurred at 3:30 A.M., from the causes and on the date stated above.
SIGNATURE John C. Ealy MD ADDRESS Salem Park, Md DATE SIGNED 4/23/55

23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE <u>4-26-55</u>	NAME OF CEMETERY OR CREMATORIAL <u>BALTIMORE NATIONAL</u>	LOCATION (City, town, or county) <u>BALTIMORE</u>	(State) <u>MD.</u>
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DATE REG'D BY LOCAL REG. <u>4/27/55</u>	REGISTRAR'S SIGNATURE <u>Michael Bird Williams, Registrar</u>	24. FUNERAL DIRECTOR ADDRESS <u>George L. Schub 2101 Frederick Ave. BALTO., MD.</u>
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TRAILER W. S.

APR 22 1968

100-1000

3749

03737

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 191

Reg. Dist.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <input checked="" type="checkbox"/> TOWN	Howard	MARYLAND	STATE Md. CITY OR TOWN
CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> Ellicott City		LENGTH OF STAY (in this place)	Howard
HOSPITAL OR INSTITUTION OR STREET ADDRESS	21 Fells Avenue	STREET ADDRESS	21 Fells Avenue (If rural, give location)
3. NAME OF DECEASED: (Type or Print)	(First) JEFFERY	(Middle) DAVID	4. DATE OF DEATH April 19 1955
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify Single)	8. DATE OF BIRTH: Feb. 9, 1954
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): N ne		10b. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday: 1 yr. 3 mos.
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Cornelius Hammond		14. MOTHER'S MAIDEN NAME: Beverly Dunn	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: Beverly Hammond, Ellicott City, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X Immediate cause (a) DUE TO Bronchopneumonia Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY	21c. (City or town, (County), (State))	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Partial	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>Willie L. Smith</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	DATE SIGNED 4/20/55
23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE THEREOF 4/20/55	NAME OF CEMETERY OR CREMATORIAL Fuller Family Cemetery	LOCATION (City, town, or county) (State) Howard Co., Md.
DATE REC'D BY LOCAL REG. REC'D. April 20, 1955	REGISTER'S SIGNATURE John B. Longman	24. FUNERAL DIRECTOR EASTON SONS	ADDRESS Ellicott City, Md.
P.M. B. E. L. S.			

195

03738

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3749

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

COUNTY Howard MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
 TOWN Ellicott City 1 day

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS Taylor Manor Hospital

3. NAME OF
 DECEASED:
 (Type or Print)

4. SEX: Male COLOR OR
 RACE: White

10A. USUAL OCCUPATION (Give kind of
 work done during most of working life,
 even if retired.) Retired

13. FATHER'S NAME:

Jesse Willard Jones

14. WAS DECEASED EVER IN U.S. ARMED FORCES
 (Yes, No, unk.) (If Yes, give war or dates
 of service) NO

16. SOCIAL SECURITY NO.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

307X

IMMEDIATE CAUSE

(A) DUE TO Bronchial pneumonia

ANTECEDENT CAUSE (S)

(B) DUE TO Delerium Tremens

DISEASES OR CONDITIONS, IF ANY,
 GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

Pathological alcoholic intoxication

INTERVAL BETWEEN
 ONSET AND DEATH

1 day

2 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING
 OR CONTRIBUTING CAUSE OF DEATH
 (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.)
 OF INJURY

21C. WHERE DID (City or town)
 INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
 OF INJURY

21E. INJURY OCCURRED
 While Not while
 at work at work

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from April 21, 1955 to Apr 22, 1955 that I last saw the deceased
 alive on Apr. 22, 1955, and that death occurred at 1:30 P.M. from the causes and on the date stated above.
 ADDRESS DATE SIGNED

23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)

DATE REC'D BY LOCAL
 REGISTRAR

April 23, 1955

DATE THEREOF

REGISTRAR'S SIGNATURE

R.W.

M.D. Taylor Manor Hospital April 22, 1955
 LOCATION (City, town, or county) (State)

24. CHIEF DIRECTOR

ADDRESS

J. W. Jenkins, Jr. 4905 York Rd



MARYLAND STATE DEPARTMENT OF HEALTH

03739

3750

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH COUNTY Howard		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Howard	
CITY (If outside corporate limits, write RURAL and OR give nearest town) X TOWN Ellicott City		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City		STREET ADDRESS (If rural, give location) Fells Ave.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fells Ave							
3. NAME OF DECEASED (Type or Print) THOMAS		(First) (Middle) (Last) MATTHEWS		4. DATE OF DEATH Apr. 15 1955		(Month) (Day) (Year)	
6. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower		8. DATE OF BIRTH About 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		9. AGE last birthday ? 80 yrs.		If under 1 year Months Days Hours Min.	
13. FATHER'S NAME Basil Matthews		14. MOTHER'S MAIDEN NAME Unknown		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Carrie Matthews, Ellicott City, Md			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>422.1</i> Immediate cause (a) <i>Arterial Hernia</i> Antecedent cause(s) Diseases or conditions, if any, (b) _____ giving rise to the above cause listing the underlying cause last (c) <i>Arteriosclerotic Cardio-Vascular Disease</i> 3 years INTERVAL BETWEEN ONSET AND DEATH 2 days							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? —			
22. I hereby certify that I attended the deceased from <i>2/6/52</i> , 19 <i>52</i> , to <i>4/15/55</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>4/14/55</i> , 19 <i>55</i> , and that death occurred at <i>1 P.M.</i> m., from the causes and on the date stated above. SIGNATURE <i>William F. Hessey M.D.</i> ADDRESS <i>Ellicott City, Md.</i> DATE SIGNED <i>4/15/55</i>							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE TIME OF 4-18-55		NAME OF CEMETERY OR CREMATORIALocust Chapel		LOCATION (City, town, or county) Simpsonville, Md (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>John B. Longenecker</i>		24. FUNERAL DIRECTOR E.C. Higinbotham, Ellicott City, Md		ADDRESS	
<i>April 18, 1955</i>		<i>Pn. B. E. L.</i>					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

DUWARD V.

AB

1000

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03740

3751

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Ellicott City

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Church Rd.

OO

3. NAME OF DECEASED: (First) (Middle) (Last)

ELSIE C. RODEKURT

(Type or Print)

5. SEX: 6. COLOR OR 7. SINGLE, MARRIED,

RACE: WIDOWED, DIVORCED.
(Specify): widow

female white

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Never worked

10B KIND OF BUSINESS OR INDUSTRY:

--

8. DATE OF BIRTH:

Oct. 14, 1881

9. AGE last birthday

73 yrs.

11. BIRTHPLACE (State or foreign country):

Md.

12. CITIZEN OF WHAT COUNTRY?

Not Known

13. FATHER'S NAME:

Not Known

14. MOTHER'S MAIDEN NAME:

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT & ADDRESS:

Mr. C. W. Rodekurt - 1541 Northwick Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE

(A) DUE TO Right hemiplegia - probably

ANTECEDENT CAUSE (S):

B) DUE TO Iberotoxic.

C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, etc. OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

alive on April 22, 1955, and that death occurred at 8 A.M. from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

Robert B. Taylor 700 Cathedral St 4-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 4/26/55

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

4/26/55

Loudon Park Cem.

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

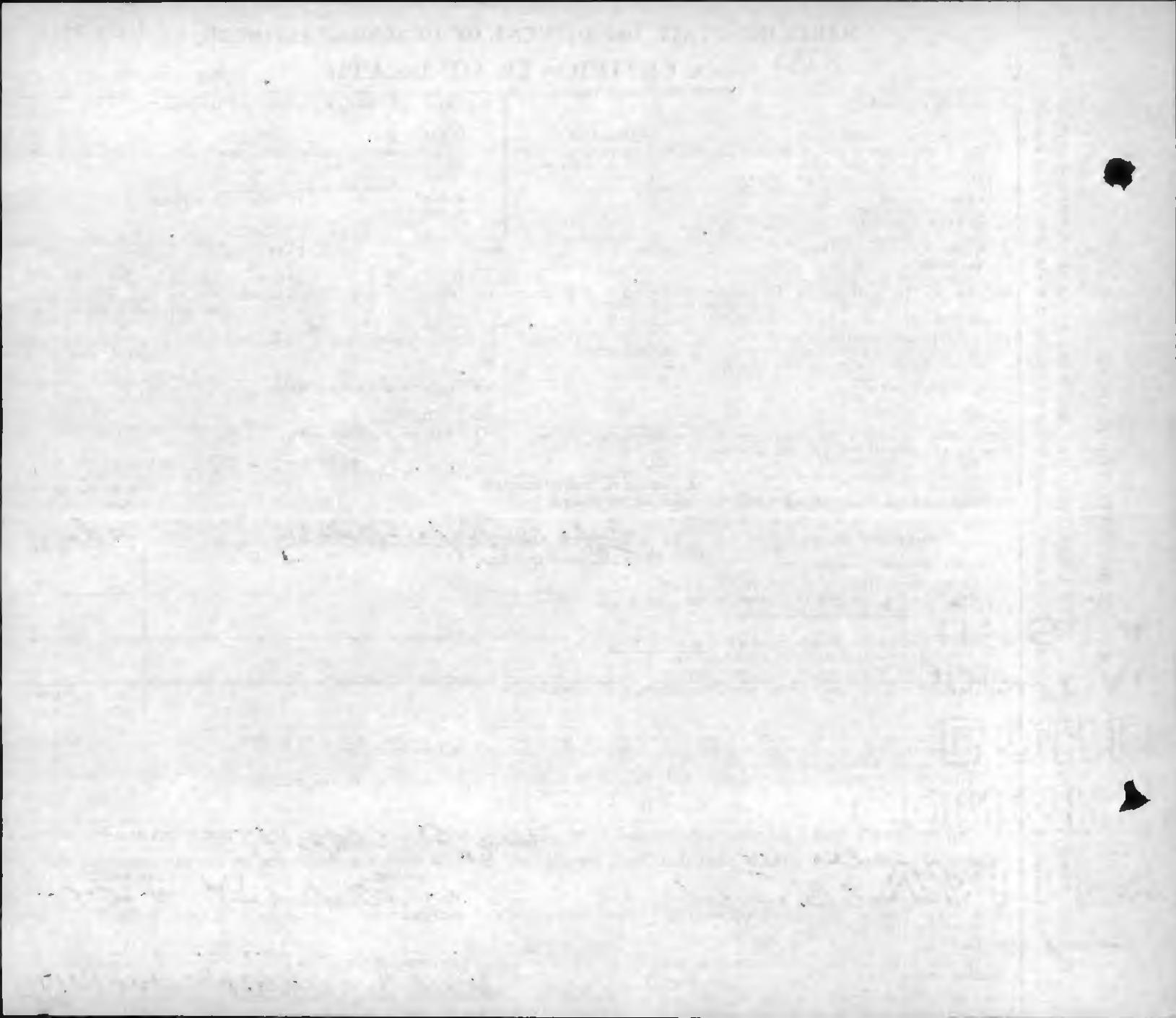
Balto., Md.

FUNERAL DIRECTOR ADDRESS

M. J. Pickner & Sons-Balto., Md.

ADDRESS

4/26/55



3752

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <input checked="" type="checkbox"/> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Howard Ellicott City	MARYLAND LENGTH OF STAY (In this place) 61 Yrs.	STATE Maryland COUNTY Howard CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City, Md. STREET ADDRESS Columbia Pike
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH April 1, 1955	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH April 1, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow	8. DATE OF BIRTH: Sept. 8, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Own Home	
13. FATHER'S NAME: Charles W. Betts		11. BIRTHPLACE (State or foreign country): Maryland	
15. WAS DECEDER EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME: Sarah A. Holden	
17. INFORMANT & ADDRESS: Mrs. C. H. Cook Columbia Pike Ellicott City, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260X IMMEDIATE CAUSE Acute Pulmonary Edema DUE TO			
ANTECEDENT CAUSE (S) Coronary artery disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Diabetes Mellitus: DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While Not while at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar., 1955, to Apr., 1955, that I last saw the deceased alive on April 1, 1955, and that death occurred at 8:30 P.M., from the causes and on the date stated above. SIGNATURE: <i>Rudolf B. Taylor</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 4/4/55	
DATE REC'D BY LOCAL REGISTRAR April 3, 1955		REGISTRAR'S SIGNATURE John B. Loughran	
24. FUNERAL DIRECTOR ADDRESS		Ellicott City, Md.	
24. FUNERAL DIRECTOR ADDRESS		Catonsville, Md.	

BUREAU V. S.

APR 7 1955

RECEIVED